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**Application FORM for Femise 2015 internal Competition: 1st round**

**I. The Transition of the South Med Economies**

***One electronic copy of each application must be supplied. The original of this form with the stamps of the members will be requested in case of acceptance of the proposal***

1. **Title of the research proposal**

**2. Theme of the research**

*Please specify the sub-theme of your research proposal by putting an “X” on the relevant sub-theme below:*

|  |  |
| --- | --- |
| Theme: Transition of South med Economies | ***put an ‘X’*** |
| **1. Economic Transition** |  |
| **2. Political and Institutional Transition** |  |
| **3. Social Transition** |  |
| **4. Role of the EU-Med in the Transition** |  |

**3. The Consortium:**

***ONLY AFFILIATES to the FEMISE-EU Contract on “Support to Economic Research, Studies and dialogue of the EU-Med partnership” can participate in this call.***

*Proposals have to be submitted in consortiums, each consortium has to include at least 2 members of the Affiliates as follows: one institute from the North and one from the South.*

**3.1. Members of the Consortium**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institute** | **Name of Responsible** | **Role in the proposal : Leader/Partner** | **Country** |
| **1. <Leader>** |  | **<Leader>** |  |
| 1. **<partner>** |  | **<partner>** |  |
|  |  |  |  |

*(add more lines if needed)*

**3.2. Contact person for this proposal from the Leader Institute**

*Please provide details of the person in charge of this proposal from the Leader Institute and who will acting on behalf of the consortium and will be responsible for the project (including signing the contract and distribution of funds, deliverables); he/she will be the contact person for all correspondence with FEMISE.*

|  |  |
| --- | --- |
|  | **Details** |
| **FEMISE member Leader Institute** |  |
| **Person in charge of the project** |  |
| **Position in the Institute** |  |
| **Address** |  |
| **Telephone/Fax** |  |
| **Email:** |  |
| **Signature/Stamp** |  |

**3.3. Team Members**

*Please indicate the Name of the researchers from the Affiliated Institutes that will be carrying out the research.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title, name, surname** | **Institute** | **Position** | **Country** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*(add more lines if needed)*

CVs of the researchers that will be part of the consortium should be submitted with the application. You can use the standard CV forms provided.

**4. Summary of the budget and duration**

*Please provide the budget requested related to your proposal and the duration of your research (average 10 months)*

|  |  |
| --- | --- |
| **Time-Based Contracts** | |
| **Duration (average 10 months)** |  |
| **Total Amount in Euros** |  |

*The budget requested should cover only the honorarium of the researchers on the basis of their time sheets. A more detailed budget will be requested from the successful proposals and upon signature of the agreements.*

*Note: Final granted amount and duration may be revised by the Selection Committee*